2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000005444

1. Entity Name
SYMBIONARC MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215	40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215

04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1736048

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	WEBB, WILLIAM V
STREET ADDRESS	40 BURTON HILLS BLVD, STE. 500
CITY-ST-ZIP	NASHVILLE, TN 37215
TITLE	VS
NAME	BRANK, RONALD
STREET ADDRESS	40 BURTON HILLS BLVD, STE. 500
CITY-ST-ZIP	NASHVILLE, TN 37215
TITLE	D
NAME	ADLERZ, CLIFFORD G
STREET ADDRESS	40 BURTON HILLS BLVD, STE. 500
CITY-ST-ZIP	NASHVILLE, TN 37215
TITLE	P
NAME	NEAL, CHARLES T
STREET ADDRESS	40 BURTON HILLS BLVD, STE. 500
CITY-ST-ZIP	NASHVILLE, TN 37215
TITLE	D
NAME	KENNEDY, DALE R
STREET ADDRESS	40 BURTON HILLS BLVD, STE. 500
CITY-ST-ZIP	NASHVILLE, TN 37215
TITLE	VD
NAME	MITCHELL, KENNETH C
STREET ADDRESS	40 BURTON HILLS BLVD, STE. 500
CITY-ST-ZIP	NASHVILLE, TN 37215

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05/05/04-80027-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth C Mitchell Kenneth C Mitchell 4/25/04 615-234-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #